Instructions for Completing the Kansas Home Health Agency Application

Thank you for your interest in becoming or renewing a licensed Home Health Agency (HHA) in the State of Kansas.

1. Please email this application and supporting documents to kdhe.bfla@ks.gov.
2. Provide the nonrefundable licensing fee.

For Initial Applications or Change of Ownership Applications

1. Please submit this application, the Skilled Services Attestation form, the Agency Release of Information form, the Personal Release of Information form, and or attachments related to the ownership of the agency. In addition, provide evidence of licensure and a resume for the administrator and alternate administrator.
2. Once your application and licensing fee are received, you will receive instructions on submitting your agency's policies, templates, employee qualifications, and other requested documents via Kansas Department of Health and Environment (KDHE)'s online document transfer system. These instructions, including username and password, will be sent by email to the email address used to submit the application.
3. After receiving all the required documents, KDHE will conduct a review of your agency's application packet.
4. A KDHE staff member will be in contact with you via email for missing documents, clarifications, or other issues that arise during the review process. When all required documents have been reviewed and meet the requirements, KDHE will issue a license and notify you of your license approval.

For Renewal Applications

Please submit your application, Skilled Services Attestation form and renewal fee. If there is a new administrator or alternate administrator that coincides with the renewal application, please include the Personal Release of Information form.

For Amended Applications

Please submit the application and a letter of intent. The letter of intent should inform KDHE of the reason you are submitting the amended application. This may include a change in address, change in name, etc. The letter must include the agency name, state ID, effective date of the change, and the old and the new information related to the change.

We are available to answer questions about the licensing process but do not provide individual consultation or business advice to applicants. Many policy templates or ideas about content may be found on the internet but it is up to the individual applicant to determine which templates to use that best meet your need.

Please fill out the application in its entirety.
Please check the appropriate boxes where appropriate.

Select Application Type:

- ☐ Initial Skilled Services
- ☐ Annual Renewal
- ☐ Change of Ownership w/ TOP
- ☐ Amended

Home Health Agency Licensure Application

A. Agency Name: _____

Physical Address: _____

City:_____ County:_____ Zip Code:_____

Web address: _____

Directory Phone Number: _____ Directory Fax: _____

Mailing Address:_____

City:_____ County:_____ Zip Code:_____

B. Entity Name (as filed with the Kansas Secretary of State): _____

_____

Registered Agent Name: _____

Registered Office Address: _____

City:_____ State: _____ Zip Code: _____

C. Administrator Name: _____

Email: _____

Discipline: _____ License No.: _____ Phone No.: _____

D. Alternate Administrator Name: _____

Email: _____

Discipline: _____ License No.: _____ Phone No.: _____

*** State Agency Use – Do Not Write Below This Line ***

Effective Date: _____ License ID: _____

Annual Renewal Date: _____ Reviewer: _____

E. Application Processing Fee

Page Instructions

Home Health Services (Skilled) and Home and Community Based Services (HCBS): Licensure scope includes skilled services, HCBS, and non-medical supportive care services. Select one of following nonrefundable fees that applies based on the total unique patient and client count. Total unique patient and client count means the number of separately identifiable patients and clients that a HHA served in a licensure year. Each HHA that did not operate in the previous year shall estimate the number of separately identifiable patients and clients that will be served in the one-year period following the date the application for a license is submitted. The total unique patient and client count shall not duplicate any patient or client who was provided home health services, HCBS, or supportive care services on separate occasions.

Initial Application Fees

☐ $750.00 for each applicant that indicates on the application that the applicant intends to provide home health services or HCBS with a total unique patient and client count of 100 or more.

☐ $500.00 for each applicant that indicates on the application that the applicant intends to provide home health services or HCBS with a total unique patient and client count of less than 100.

Renewal fees: The total unique patient and client count: _____

☐ $600.00 for each applicant that submits a renewal application for a license to provide home health services or HCBS and that indicates on the renewal application that the licensee had a total unique patient and client count of 100 or more.

☐ $350.00 for each licensee that submits a renewal application for a license to provide home health services or HCBS and that indicates on the renewal application that the licensee had a total unique patient and client count of less than 100.

F. Geographic Area Covered by Agency Operation ☐Single County ☐Multiple Counties

List Kansas Counties Served (if needed, you may attach additional pages):_____

_____

_____

Branch Office Agency Name:_____

Branch Office Agency Address:_____

Branch Office Agency Telephone Number:_____

G. Is this Kansas agency associated with a Medicare certified agency that has a reciprocal state agreement with Kansas? ☐ Yes ☐ No If "yes," provide the information below:

Branch Office Agency Name:_____
Branch Office Agency Address:_____
Branch Office Agency Telephone Number:_____

List the Adjacent Counties Served:_____
_____
_____

H. Provide the Applicant Company's name as it is registered with the Kansas Secretary of State Office.

Disclosing Entity:_____
Entity Postal Address: _____

Type of Entity:

☐ Sole Proprietorship ☐ Partnership ☐ Limited Liability Company
☐ Corporation for profit ☐ Corporation – nonprofit ☐ Government

1. List the names, postal addresses and percentage for each individual who has any direct or indirect ownership of the entity listed above. If needed, you may attach additional pages. to add an attachment.
2. List the Corporation or LLC with ownership of five percent or more interest; identify each individual or attach a list showing the individual names and postal address.
3. If the disclosing entity is a governmental unit, attach a list showing the names and addresses of each responsible official (i.e., county commissioner).

Individual or Company Name: _____
Title:_____Ownership %: _____
Address: _____
City: _____State: _____Zip Code: _____

Individual or Company Name: _____
Title:_____Ownership %: _____
Address: _____
City: _____State: _____Zip Code: _____

Individual or Company Name: _____
Title:_____Ownership %: _____
Address: _____
City: _____State: _____Zip Code: _____

I. Is this an accredited and deemed home health agency? ☐ Yes ☐ No
If "yes", provide the information below:

Name of Accreditation Organization: _____

Attach the Accreditation Decision Letter of Deemed Status showing the accreditation ID number and effective dates of accreditation.

J. Does this HHA hold a Clinical Laboratory Improvement Act (CLIA) certificate or waiver?
☐ Yes ☐ No If "yes", attach a copy of the CLIA certificate showing the ID number and effective dates.

K. (Initials) _____I certify that all information given is true and correct. I am authorized to represent the governing body, corporation, individual, or partnership; in whom is vested the responsibility for operation of the agency. I understand that this application may be subject to release pursuant to the Kansas Open Records Act (K.S.A. 45-215 et seq.).

Signature: _____ Print Name: _____

Telephone Number: _____ Date: _____

Return completed applications with supporting documentation to the application mailbox at kdhe.bfla@ks.gov. Payment for the non-refundable renewal fee, based on the total unique patient/client count, may be made online through PayIt. The link to PayIt is available on the "License Renewal" tab of the KDHE's home health website. Checks or money orders may be mailed to the address below. Make checks or money orders payable to: Kansas Department of Health and Environment. Include the agency's State ID on all communications and payments.

Kansas Department of Health and Environment
C/O Bureau of Facilities and Licensing
1000 SW Jackson St., Suite 330
Topeka, Kansas 66612

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